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THE

# MEDICAL AND SURGICAL REPORTER.

No. 376.]

PHILADELPHIA, JANUARY 30, 1864.

[Vol. XI.—No. 5.]

## ORIGINAL DEPARTMENT.

### Communications.

#### MEDICAL FRAGMENTS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from page 47.)

#### Puerperal Convulsions.

Various causes have been assigned for this most alarming complication of labor, such as morbid excitability of the nervous system, lesions of the brain, plethora, constipation of the bowels, uræmia, and the intemperate use of ardent spirits. I am perfectly confident that I have seen puerperal convulsions produced by nearly all these causes. I regard, however, constipation as the most common of the incidental causes. The primary cause of nearly every form of convulsions is to be traced directly to a morbid impressibility of the great nervous centers of organic life. When these are in a state of functional exaltation, spasms may be induced at any time by sudden physical shocks or powerful mental emotions; they may also be kept up by continued irritation at the sentient extremity of a nerve, or a particular class of nerves. Thus indigestible food in the stomach will, in some children, produce convulsions; irritation of the dental nerve by teething will cause the same in others, and worms, still again, in others. Whatever adds to the shock of labor in women, who are suffering from this morbid impressibility, fearfully exposes them to puerperal convulsions.

In twelve cases of puerperal convulsions that I have met with during the past ten years, careful investigation elicited the fact that constipation was present in seven cases. Indeed, in one case, the colon was so impacted with fecal matter, that it was a wonder to me how the parts escaped without laceration. The patient was a woman of a marked bilio-lymphatic temperament, of indolent habits, fond of high living, and addicted to that abominable, filthy, and disgusting practice—*snuff-rubbing*. She was thirty-five years of age, and the mother of ten children. Her labors had always been short, and unattended with any difficulty; was up by the

ninth day, and in two weeks would resume her household duties.

May 17, 1861.—At 7 o'clock P. M. she was taken in labor with her eleventh child. When I saw her at 8 o'clock her pains were very feeble; pulse full, hard, and very rapid; skin hot and dry. She complained of pain in the head, nausea, and thirst. During the afternoon she had vomited, several times, water and glairy mucous. She had passed urine very freely; the specimen examined was very high colored, specific gravity 10.27, and contained no albumen; the uriates were in excess. Her bowels were costive; could not remember the time when they had been moved. On examination per vaginam found the uterus high up in the pelvis, and the os-tincæ dilated about the size of a silver dollar, and no ways rigid; head presenting. There is no tenderness of the abdomen, or œdema of the extremities. Patient says her health has been as good as usual during her pregnancy, with the exception of constipation and heartburn, the latter at times being very troublesome.

While seated at her bed-side contemplating the indications for treatment she had a very sharp labor pain, which was immediately followed by a most violent convulsion. Her face and eyes were twitching with the greatest rapidity, in nearly every direction, and the whole muscular system appeared most powerfully agitated; the face, at first, was flushed, but in a few seconds became quite livid; the tongue was thrust forward between the teeth; her respiration at first was hurried, but soon became almost suspended; the pulse could scarcely be felt, the head was thrown back, and the jugular veins were very much engorged, the jaws were firmly set, and a sharp hissing noise came from the mouth, the lips were covered with a frothy saliva tinged with blood from the wounded tongue, and a cold clammy perspiration bedewed the whole body. In a few minutes the paroxysm began to subside; the convulsive motions became less violent; the pulse more distinct and full; the breathing more regular and less labored, and the face less livid, and, in ten minutes from the commencement of the seizure, the paroxysm was complete. She now passed into a quiet slumber for ten minutes, and when she awoke was sensible, knew her friends, and spoke hopefully of her situation.

Reaction was now fully established, the pulse was hard and full, and the heat of the skin became greater than before the convulsion. Fearing another spasm, and having great faith in blood-letting in this malady, I bound up her arm and bled her until the pulse became soft and less frequent. Her pains now occurred about once in ten minutes, and for an hour everything appeared to go on well, when she was suddenly seized with another convulsion. This was not as violent as the first; it soon passed over, when I bled her again. But this time it did not appear to have any influence in arresting the convulsions. Chloroform was now freely used, but this, too, failed, and, in spite of every means employed to arrest them, they came on regularly every twenty minutes until 2 o'clock, the patient in the intervals being quite comatose. At this time the os tinea was dilated to nearly its full dimensions, but there was no propulsive action; the head of the child was not engaged in the pelvis. Seeing no hope for my patient but a speedy termination of her labor, I proceeded at once to deliver the child by turning, which was accomplished without difficulty. The child was alive and did well. The after-birth soon came away, and the uterus contracted firmly.

After the child was delivered the convulsions ceased, and we fondly hoped that our patient's troubles were over. But in this we were disappointed. At the expiration of two hours they returned, and it became quite evident that there had been some other cause for them besides labor. At first the thought occurred to me that, perhaps, there was some brain lesion; but this was not sustained either by the breathing or the pulse, for between the paroxysms they were both almost normal. We next turned our attention to the state of the bowels, and here we discovered, what we thought to be the true cause of the convulsions, an *impacted colon*. Springing up out of the right iliac region, and extending upward to almost the pit of the stomach, then dropping downward into the left iliac region, describing nearly two thirds of a circle was a tumor quite as large as a man's arm, and of a tolerably firm consistency. There could be no mistake about the diagnosis. The contents of the colon must be evacuated before the convulsions will cease.

Under this conviction three drops of croton oil were immediately administered, to be followed, in thirty minutes, by an injection of salt and water. In two hours the bowels commenced moving, and, after several copious evacuations, the convulsions ceased; the tumor could no longer be felt, and in six hours from the last spasm the patient regained her consciousness, and with very little subsequent medical treatment made a good recovery.

The offending cause of all this suffering was

*parched corn*. As she was very much annoyed with heart-burn during nearly the whole course of her pregnancy she had taken this article in large quantities as a means of relief, and, as her teeth were bad, it was frequently swallowed half masticated, and in this condition it passed through the digestive organs almost unchanged, collecting in the colon in large quantities, it formed the vast abdominal tumor just described. If this patient's bowels had been kept in a soluble condition, it is my firm conviction that she would have been spared the terrible infliction—puerperal convulsions.

#### DEFECTIVE AND IMPAIRED VISION, With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

(Continued from p. 17.)

##### Choroido-Retinitis Pigmentosa.

"The ophthalmoscopic signs are black specks and flocks of every conceivable shape, at first scattered, but subsequently as they become more abundant, running together into a tangled web, the stronger lines of which often accompany the retinal vessels, which are much reduced in size. The choroid in the meshes of this web is poor or wholly deficient in pigment. These signs first appear near the ora-serrata, spread very slowly backwards, and finally those of atrophy of the optic nerve are superadded. Nothing is learned from the outward aspect of the eye, until amblyopia occurs, when the pupil becomes large and sluggish, and night blindness occurs.\*

Dr. LEIBREICHT† was the first to draw the attention of the medical public to the fact that the disease known as *retinitis pigmentosa* was frequently combined with "deaf-muteness, idiotism, and madness."

##### Granular Meningitis.

The ophthalmoscope has also been found useful in the diagnosis of "granular meningitis."‡

Twenty-three cases of meningitis have been examined in M. BOUCHUT's Clinic. The changes in the eye-ground, observed in these cases, were:

1st. Peripheric congestion of the optic nerve and congestive exudations in the retina and choroid.

2d. Dilatation of the veins of the retina around the papilla.

3d. Varicosity and flexuosity of those veins.

4th. Thrombosis of those veins.

5th. Retinal hemorrhages in consequence of rupture of veins in some cases.

The papilla is always less distinct; its circumference is diminished in consequence of the

\* HULKE.

† HOMBERGER.

‡ Gaz. de Hop., Oct. 1862, and Ann. Jour. Oph., May, 1863.

surrounding congestion. In one case, cerebral symptoms had raised the suspicion of meningitis, and the ophthalmoscope showed the characteristic symptoms. The cerebral symptoms subsided entirely, but the child died twelve days afterwards, in consequence of general tuberculosis. The post-mortem showed that ophthalmoscopic examination had not deceived, for there existed a great number of meningeal tubercles.

M. ROBIN examined, at the request of M. BOUCHET, a number of the eyes microscopically. He found the retinal veins dilated, sometimes containing clots, sometimes ruptured in consequence of hemorrhages. Once the internal and middle tunic of a vein was broken, and the vein dilated at that point presented a kind of aneurism. In once case, the papilla was irregular; another time, white patches, looking as if the tissue had undergone fatty degeneration, appeared; in three cases, at an examination shortly before death, a discoloration of the eye-ground led to suppose an anæmic condition, while previously congestion had been found.

The congestion of the deep membranes of the eyes Mr. B. explains in the following way: "The veins of the choroid and retina," he says, "issue into the *sinus cavernosi*, and as soon as the flow of blood in the different sinuses of the *dura mater* is impeded, the circulation of the veins of the deep coats of the eye must be influenced correspondingly by it, and necessarily the circulation in the sinuses of the membranes of the brain is rendered more difficult in meningitis, either by the great congestion or thrombosis of the various intracranial sinuses."

#### On the choice of an Ophthalmoscope.

According to SICHEL,\* the ophthalmoscope, in its greatest simplicity, consists of a reflecting mirror, designed to receive and bring to a focus on its surface the rays of light, and to return them according to the angle of incidence on the surface of the pupil, in such a manner as to illuminate the internal parts of the eye and render visible the phenomena which are passing in the refracting medium and in the internal membranes.

The number of ophthalmoscopes has multiplied so rapidly, that practitioners who are not acquainted with all the modifications to which the instrument has been subjected, would find difficulty in fixing their choice. I have tried nearly all the ophthalmoscopes which have been described until now. A frequent use of this instrument has taught me, that the most convenient ophthalmoscope, the easiest to manage, and the most perfect in its results, is that of M. E. JAGER, (Pl. lxxix., fig. 14,) and that of M. COCCIVS, modi-

fied in a very important and indispensable manner by M. A. GRAEFE, which has adapted to it a series of concave lenses sliding into a frame. This last ophthalmoscope having been abandoned by M. de G. and adopted by me, I call it at present mine. It would be useless to describe more at length than has been done in the description of the plate. These instruments, which are at present in the hands of every body, and which are to be procured in Paris at MM. CHARRIERE & L'VER, instrument makers, and at M. NACHER's, optician. Let us however remark, that it is the concave and convex mirrors which give the instrument its true value. All ophthalmoscopes formed with a simple reflector, that is to say, a simple concave or convex mirror to project the light to the depth of the ocular globe are imperfect instruments, which rarely permit, especially to myopic eyes, seeing with entire clearness the vessels of the retina and the other fine details, normal or abnormal. These simple ophthalmoscopes, as for example, that of M. ANAGNOSTAKIS, are only sufficient for the study of diseases of the crystalline apparatus in the vitreous body and those which are seated between the retina and the choroid. In diseases of the retina and of the choroid not accompanied with deposit between the membranes, the simple ophthalmoscope is entirely insufficient, above all for a myopic observation; but with the use of convex or concave mirrors to a certain result, leaving nothing to desire.

To all those specially occupied with the study of ocular diseases, I would counsel to procure for themselves one of the two composite ophthalmoscopes of which we have spoken. I give the preference to that of M. JAGER above all to the large model, but the small model also is excellent above all when it is furnished with a second mirror, with a feeble reflector, that is to say, an unpolished glass.

#### A FATAL CASE OF TRAUMATIC COXALGIA.

By ELLIOTT COUES, M. D., U. S. A.,

Of Washington, D. C.

WILLIAM S., Co. B., 2d Del. Vols., æt. 22, of small, slight frame, strumous diathesis strongly marked; wounded at Chancellorsville May 3, 1863. The ball entered two inches below, and a little posterior to the trochanter major of left thigh, emerging at a point two inches above, and also somewhat posterior to the same trochanter. The injury at first appeared slight; and, from the position of the foramina of entrance and exit, did not excite a suspicion that the joint had been involved. The patient walked about freely for some days after the receipt of the injury, the wound discharging laudable pus, and apparently healing.

\* Iconographie Ophthalmologique, pp. 749-750.

May 15. The wound has ceased to discharge healthily; the parts are tense and swollen. The patient is unable to leave his bed, but lies directly on his back, both legs flexed till the heels nearly touch the buttocks. Complains of excruciating pain in the affected limb, chiefly however referred to the knee; the least motion, especially of abduction or extension, causes great agony. Nocturnal exacerbations of pain; complete anorexia. Is rapidly becoming emaciated. Ordered sol./morph. sulph. q. s. at night to procure sleep; tr. ferri. chlor. and quin. sulph., together with milk punch and beef essence; the limb to be kept entirely at rest.

May 25. No improvement. General condition poor and changing for the worse. The wounds are apparently nearly closed; but probing reveals large abscesses beneath the glutei muscles, containing foetid ichorous pus, mingled with sandy debris of diseased bone. The buttocks are swollen, tense, painful, the fold of the nates partially obliterated. All power of moving either lower extremity is lost; the patient lies on his back, the limbs flexed, the injured one much adducted and laid across the other. Both are much wasted away, there being little difference between them in this respect. In spite of all possible precautions with rings, etc., a large bed-sore has formed over the sacrum. Patient's appetite poor and capricious; mind restless; temper irritable. Put the patient under chloroform; evacuated the abscesses; applied compresses over them; laid the patient on the sound side, and poulticed the bed-sore with yeast and charcoal, to remove the slough. Continued tonic and stimulant treatment. Kept the injured limb as immovable as possible with pillows, etc.

June 1st. Patient more comfortable, having much less pain since the evacuation of the abscesses; but symptoms of hectic, consequent upon the wasting suppuration, are becoming manifest. Continued tonic and stimulant treatment, with absolute rest to the affected parts.

June 7th. General condition of things the same; but the abscess is discharging more healthy pus. The sacral bed-sore granulating well, but from the perfect inability of the patient to move himself in the least, another sore has formed on the *crista ilii* of the sound side, in spite of every precaution.

June 15th. The condition of the affected parts much the same; general health gradually but surely failing; hectic now well marked; considerable diarrhoea, only to be restrained by opiate injections. The emaciation of the whole body extreme. Some slight chills. Pallid countenance, with a pinched, painful expression; poor and exceedingly capricious appetite; mind more tranquil.

June 20th. Abscesses still profusely discharging

tolerably laudable pus, but mixed with gritty particles of diseased bone. The head of the bone has neither become dislocated nor ankylosed, but is pretty freely movable in the acetabulum; and the pain attendant upon the motion of the limb is slight compared with what it was at first. The feet have become greatly swollen and oedematous, in marked contrast to the emaciated legs. The bed-sore over the sacrum is healing, but that over the *crista ilii* has exposed the bone. Another ulcer is forming over the sound trochanter, another on the posterior aspect of the shoulder, another over the convexity of the most prominent rib.

June 25th. Emaciation extreme, particularly of the lower extremities. Abscesses discharging profusely; hectic progressing, and the patient beginning to fail more rapidly. Although every precaution has been taken, and the patient is on a water-bed, yet the iliac and sacral ulcers have coalesced to form one large, foul sore, sloughing rapidly. The dressing of these with yeast and charcoal poultices, with liq. sodæ chlor., etc., does not arrest the process, as it is impossible to remove from them the pressure of the body; yet the mind of the patient is more composed and the spirits more cheerful, in consequence of comparative freedom from pain.

June 29th. The profuse night sweats can no longer be restrained by acid. sulph. arom. The stomach has become very irritable, there being frequent vomiting of a dark-greenish matter; and the liquid stools, which pass involuntarily from him, are of the same color.

This general state of things continued until July 8th, when the patient's death occurred. Unfortunately no post-mortem could be obtained. There was no appreciable shortening or lengthening of the limb, no dislocation, no ankylosis.

REMARKS.—From the position of the foramina of exit and entrance, the ball must have passed in obliquely toward the neck of the femur, struck it and glanced off at a very obtuse angle, without, however, fracturing the bone. The contusion of the ligament, perhaps its laceration and the opening of the articulation, was the exciting cause which, in a strumous subject, was sufficient to set up, after a few days, inflammation of both bony and fibrous tissues of the joint. Although it was impossible to ascertain this on a first examination of the wound, yet all the symptoms, so soon as the patient became confined to his bed, were unmistakably those of femoral coxalgia of a somewhat subacute character; the course and termination of the disease determined by the scrofulous tendency of the patient.

The general condition of the patient at no time would have justified any operation beyond that of evacuating the abscesses.

## Hospital Reports.

PHILADELPHIA HOSPITAL, }  
January, 1864.

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. R. G. Ludlow.

### Recto-Vaginal Fistula.

Mary McC., aged 20 years, addicted to excessive venery, and having had all the diseases that can result therefrom, was brought in clinic suffering from Recto-vaginal Fistula. The opening in the rectum was situated just above the internal sphincter, and opened into the vagina through its posterior wall in its anterior part, near the posterior commissure. It had existed about ten weeks, during which time it had secreted a muco-purulent matter and allowed the feces to pass into the vagina. Dr. Gross remarked on the case, stating the causes, sequelæ and various modes of treatment. In this case he thought no doubt, that it had been produced by a chancre ulcerating through and thus leaving a communication between the vagina and rectum. To bring about a radical cure he passed the director through the fistulous opening in the vagina, into the rectum, bringing out the extreme end of the director through the anus, and then with a straight probe-pointed bistoury divided the substance intervening between the two ends of the director. No after treatment was ordered, more than that the parts should be kept clean and lint wet with cold water be applied.

### Chronic Synovitis.

Michael H., aged 39 years; a man of good habits and good health. From his statement the disease came on without any ascribable cause. He had been suffering from it about ten months and had been under various modes of treatment. The joint was much enlarged from the increased quantity of synovial fluid, and also thickened from plastic matter having been thrown out, consequent upon previous inflammation; there was no pain or preternatural heat attending; the motion of the joint was much impaired.

Dr. Gross described the symptoms of the disease as occurring from the earliest onset, until it had assumed the chronic form as in the present case. He laid particular stress on the increase of synovial fluid, caused by the inflammation and producing swelling, as a very important symptom in diagnosis. In regard to the prognosis he warned the class to be careful, stating that a perfect use of the joint was often very doubtful and sometimes even the life of the patient was in danger. He then described the treatment necessary for the disease when found in the acute stage, and finally gave the treatment for the chronic form, which the case well illustrated; he ordered that the case in question should have a warm douche, immediately followed by a cold one, which would have the effect of producing a shock which would excite the parts to a more vigorous action; after this had been done he ordered the parts to be dried and painted with the tincture of iodine diluted to half its strength by means of alcohol and then the parts to be well bandaged. For fear of some constitutional vice existing, he ordered the tenth of a grain of hydrarg. chloridum corrosivum, with viii. grains of the iodide of potassium, remarking that if no constitutional vice existed, these medicines could do no harm, but rather do good on account of their sorbefacient effect.

### Dislocation of Humerus.

Cath. D., aged 60 years. Came in clinic with a luxation of the head of the humerus in the axilla. It occurred from a fall on a curb stone while walking one of the streets of the city. After falling she immediately noticed that her arm was powerless, and that to move it caused her great pain; soon after the parts became painful and swollen, which appearance they presented on entering the clinic. Dr. Gross examined the case carefully, pointed out the deformities consequent on such a luxation, and showed the class the art of making a careful diagnosis. To effect its reduction, he grasped the lower part of the forearm with his right hand, turning the limb upon its axis, at the same time using his left thumb against the head of the humerus as a fulcrum, then bringing the limb on a line with the trunk, easily succeeded in replacing the head of the bone, which was very evident from the disappearance of the deformity and the audible snap as the bone passed into its socket. The after treatment consisted in keeping a solution of acetate of lead and opium applied to the parts and the arm to be kept at rest by means of the Velpeau bandage.

JEFFERSON MEDICAL COLLEGE, }  
January, 1864.

SURGICAL CLINIC OF PROF. JOS. PANCOAST, M.D.

Reported by Dr. J. Gordon Maxwell.

### Aneurismal Tumor of the Lower Extremity of the Tibia $11\frac{1}{2}$ inches in Circumference—Ligation of the Femoral Artery.

Aneurism of the osseous tissue consists in an extraordinary development of the minute vessels, and presents in its early stage the same anatomical features as aneurism by anastomosis of the soft parts. The disease begins in the canceled structure which is softened, expanded and broken down, and thus converted into canals of various sizes filled with coagulated blood, surrounded with patches of plasma as in old aneurismal tumors.

The outer table of the bone is expanded, attenuated, and elastic, through which the gentle pulsatile heaving of the aneurismal vessels can be felt. The soft parts around the disease are generally oedematous, and the motion of the contiguous joint is constrained and painful though the articular cartilages remain a long time uninvolved.

The Professor further remarked that the only certain remedy for this disease, provided its location be favorable, is amputation; but as relief is sometimes, though in rare instances, affected by ligation of the principal artery, he considered it his duty to the patient to give him this chance of retaining a useful limb.

The patient was then brought in and etherized. The tumor occupied the lower extremity of the tibia, and had been growing for the past nine months. At the date of the operation the ankle measured eleven inches and a half in circumference. Distinct pulsation could be felt in the morbid mass, which ceased on the interruption of the flow of blood through the femoral artery, but not where either the anterior or posterior tibial arteries were alone compressed.

Professor PANCOAST commenced the operation by feeling along the triangle of Scarpa, for the crossing of the sartorius muscle, underneath which the femoral artery lies. He then made an incision in a line with this, through the skin and superficial fascia, between two and three inches in length. He next inserted his grooved director underneath the fascia lata which he carefully divided, having turned aside without injuring a large vein lying above the muscle. The

sartorius muscle was exposed and drawn aside and a finger introduced into the wound to show the position of the vessels. The sheath over the artery was then raised with the forceps and opened with the point of the director which was used also to make to and fro movements to isolate the artery in its bed. The grooved director was then passed behind the vessels and kept close to the artery so as to avoid the femoral vein which lies close behind the vessel in this part of its course, the risk of wounding which constitutes the chief danger in this operation. The ligature was then passed with an eyed probe along the director. Hardly a teaspoonful of blood was lost during the operation which was completed by drawing the edges of the wound, together by interrupted sutures supported with two strips of adhesive plaster, and dressed as a simple wound, with a cloth wet with cold water. The lecturer remarked that the surgeon should carefully observe whether any black blood welled up from the depth of the wound as that would be evidence that the vein was punctured, in such a mischance the ligature should be at once withdrawn and the artery tied anew with more care, a little higher up.

The aneurism has decreased more than an inch and a half since the operation (one week ago) leading us to hope that it may be successful.

#### Double Convergent Strabismus.

Strabismus is a deviation of the optic axis from the natural direction, and varies from the slightest aberration to the most disagreeable obliquity. The affected organ may be turned inward or outward, and, though far more rarely, downward or upward. The causes of this affection are various. In rare instances it is congenital, but most frequently it arises from disease of the digestive organs, cerebral congestion dependent upon convulsions, scarlet fever, small-pox, and even irritation.

The lesion essentially consists in a permanent or spastic contraction of one of the straight muscles of the eye and this most commonly the rectus internus. Strabismus therefore is not caused, as was formerly supposed, by the paralysis of any one muscle, but by over action and unyielding retraction of some muscle.

The present case was that of a lad nine years of age, in whom both eyes were turned inward producing strabismus of the third degree, the cornea of one eye being almost completely buried at the inner canthus, while the other was directed straight forward in the exercise of vision.

The squint was almost equal on both sides, as the width of the palpebral fissure was about the same, and with whichever eye the patient was made to look, the opposite cornea was buried to about the same extent on both sides.

The operation was as follows, viz.: The patient sitting on a chair, the eyelids were separated with the spring ophthalmastadt. The patient being directed to look outward, the conjunctiva was seized with a small pair of tooth forceps just within the cornea, and on a line with the tendon to be divided. The fold of conjunctiva and subconjunctival fascia thus raised, was divided with a small pair of angular scissors. The tendon of the rectus internus thus exposed, was raised with a blunt hook close to its insertion into the sclerotic coat and a division made with the scissors introduced between the ball and the hook. The blunt hook was again introduced for the purpose of ascertaining if any of the fibres remained undivided. The operation was made upon both eyes at the same sitting. The parts were washed with cold water to free them from blood, and a pair of iron spectacles with movable pupil slides for the proper direction of the eyes were adjusted.

#### Sebaceous Tumor within the Areola of the Mammary Gland.

This variety of tumor occurs almost every where, even on the fingers and toes. It arises from the blocking up of a sebaceous follicle, the secretion being retained gradually increases in quantity, and as it does so, expands the walls of the gland into a round or oval sack varying in size from that of a pea to that of an orange. The contents are various, according to the age of the tumor; cheesy, horny-like, or watery.

Few blood vessels are found in the sac, hence it is of slow growth, and its removal is attended with but slight hemorrhage. In their removal the utmost care should be taken to include the whole of the sac, for should the smallest portion remain, it will give rise to its reproduction. On the scalp they can be opened and the sac picked out, so weak is the connecting tissue.

The present case was that of a female 28 years of age, in whom the tumor had existed for some time. The operation for its removal was performed by making a semicircular incision around the base of the tumor so as to include it within the flap, and turning it out in this manner, it was dissected off at leisure. The advantage derived from this mode of proceeding is, that the operator is much less likely to cut into the sac than he would be if the incision were made immediately over the tumor. The wound was brought together by a few sutures, and dressed with the oxide of zinc ointment.

#### Tumor of the supra-orbital region.

This, like the previous case, was of a sebaceous character, though its removal was attended with more difficulty than the previous one on account of its situation at the upper and outer parts of the orbits, beneath the orbicularis palpebrarum muscle directly astride of the margin of the orbits, partly within and partly without the apex, like a pair of saddle-bags. The Professor made his semi-circular incision through the outer end of the eyebrow, so that the resulting scar should in a great measure be concealed. Two or three vessels were cut and had to be tied. From the vascularity of the parts and from the adherence of the sac to the surrounding tissues, and especially that portion of it within the orbit, much care was required that the sac should not be cut into or broken. It was taken out entire, was about the size of a small hickory nut, and grooved in the centre. The oozing from the cut was dried with aqua plagiare and then the edges were brought together by the interrupted suture, dressed with the oxide of zinc ointment, and the parts supported by a monoculary bandage; union took place by the first intention, a very gratifying result, especially as the patient was a young lady. In the first case the union took place by second intention, the delicate skin about the areola which covered the tumor sloughing away.

#### Elongated Uvula.

Man, æt 25. The necessity for clipping the uvula does not exist as often as the operation is performed and it is rarely necessary to remove more than the pendulous portion. It often acquires enormous length. I saw a patient some years ago who could draw it between his teeth. This young man has been affected for some time; it produces great irritation; it consists of nothing but mucous membrane; we draw it forward by means of a pair of forceps, and divide the parts by the scissors; use a gargle of green tea made strong, for a few days.

## EDITORIAL DEPARTMENT.

### MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 30, 1864.

#### THE ANÆSTHETIC QUESTION.

We had intended that the discussion of the anæsthetic question should have been in the form of editorial articles, but have concluded to put it in the shape of correspondence, with such brief editorial comments as seem called for. A thorough discussion of the subject which is imperatively demanded, will necessarily require the use of many type which will occupy less space in the Correspondence than in the Editorial columns.

The first of the series of articles discussing the subject appears in our columns to-day. Our readers will find that it deals in facts and dates. We commend it to their attentive perusal. We promise them good, lively reading, and in the end a thorough demonstration of the utter falsity of the claims of any one to the credit of being the discoverer of the practical application of anæsthetics in surgery except those of the late HORACE WELLS, of Hartford, Conn.

In the article published to-day it is shown by dates, that WELLS was two years in advance of MORTON in the practical use of anæsthetics, according to MORTON's own showing; that MORTON, in legal documents admitted the claim of JACKSON in conjunction with his own; that in France JACKSON claimed the sole credit of the discovery, ignoring MORTON's claim which he had acknowledged in a legal document; that the Commissioner of Patents refused to re-issue the patent to MORTON on his own claim, JACKSON refusing to unite in the application for a re-issue; that MORTON and JACKSON, therefore, once in "conjunction" are now in "opposition."

This discussion will grow in interest as it progresses. The material is ample, and we are confident in our ability to SETTLE FOR EVER the claims of WELLS to the enviable distinction of having conferred the priceless boon of anæsthetics on the human race, and that if any pecuniary acknowledgment is made therefor by our own or any other government, it rightfully belongs to the family of the real inventor.

#### THE HEALTH OF NEW NEW YORK.

As the commercial metropolis of this country, whatever has a bearing on the health of the city of New York, is of interest and importance to every one. The Registrar of Records and Statistics of that city requests us in our Mortality Table to place its population at *one million* souls. We have no doubt he is correct. Our large cities are all growing in population at an unexampled rate. They ought all to have perfect health laws. The draft of an excellent health law, under the title of the "Metropolitan Health Bill," has been before the Legislature of that State for years. It has every thing to commend its passage, except that it is obnoxious to the politicians, as it replaces the present incompetent incumbents by an entirely new set of men, who are to be selected for the positions by their qualifications to fill them.

Is the Legislature now in session going to give this important matter the consideration its merits demand? Why should not New York and all our large cities have more perfect health bills? Do not humanity and true economy call for it?

We commend this important subject to the consideration of the New York State Medical Society, which meets in Albany next week. Let it urge the matter on the attention of the Legislature, and use its utmost endeavors to accomplish so desirable a result this winter as giving our commercial metropolis a good Health Bill.

## Notes and Comments.

#### A Word to Subscribers.

We can have no sentiment but that of gratitude for the present condition and prospects of the REPORTER. We have passed triumphantly through a very dark and trying period, our cash losses during a single year by fraud and otherwise having nearly reached the sum of two thousand dollars. What wonder that the machinery of our establishment was disarranged for a time. It has been exceedingly trying to us and annoying to subscribers, and it is not to be wondered at that some got out of patience. The number of these, however, was very small, and has been overbalanced by the addition of new names. Once more we are up to time, and believe that nothing will hereafter prevent our continuing so.

The income of the REPORTER is now enabling us

to pay more liberally for contributions than we have ever done before, and we hope soon to increase the amount of reading matter. But the price of paper still *goes up*. We are now paying more for paper than we ever paid before, even for the expensive kind used during the winter of 1860-61. While paper maintains this high figure we shall be compelled to give a smaller number of pages than we wish to. However, at the present rate of growth of our subscription list, we shall be enabled to accomplish much in every way.

#### Insane Department of the Philadelphia Hospital.

We take the following from the Daily Press of this city:

"From the Annual Report of Dr. S. W. BUTLER, Physician and Superintendent of the Insane Department of the Philadelphia Hospital, we learn that there were remaining in the hospital, January 1, 1863, 531 inmates. The admissions during the year amounted to 358, making a total of 889 under treatment in 1863. The discharges were 355, of which number 148 were discharged cured, 73 improved, 49 unimproved, and 85 died. Remaining December 31, 1863, 534. The admissions were two less and the discharges three more than in 1862. The increase in numbers was only three over the number remaining in the hospital at the close of 1862, and only 11 during the two years 1862-63. The daily average number of patients was about 542. The report shows that over 56 per cent. of the number treated during the year were foreigners, of whom 37.4 were natives of Ireland, 42.1 natives of Great Britain and Ireland, and 12.6 natives of Germany; while 40.5 were natives of the United States, 30.3 natives of Pennsylvania, and only 23.9 (or less than one-fourth) were natives of Philadelphia. The average weekly cost of the patients in this department, for the year 1862, was one dollar and nine cents. A large amount of work has been done by the patients in the garden, the shoe shop, and the sewing-room."

This is the second institution of its kind in size in the United States, and yet its physician has no professional or reliable clerical aid in the discharge of its responsible duties!

#### The "Dental Times."

We have received three numbers of this very clever little quarterly. It was started in this city in July last by the faculty of the Pennsylvania College of Dental Surgery. It is a very valuable addition to our periodical dental literature, nearly all of it being original matter. Its contributors are among our most intelligent and well-informed practical dentists, many of them being professors in the college of which the *Times* is an exponent. We trust the work will have a long

career of usefulness. It is issued in very neat style, the subscription price being only *one dollar* per annum.

#### Small-Pox.

Variola is very prevalent in all parts of the country and vaccine virus is very scarce. We call the attention of those subscribers who have received virus from us to our call under Publisher's Notices. If we should receive a surplus we shall send it to the Surgeon-General's office at Washington, where it is always needed.

#### Incineration.

Incineration, in preference to the burial of the dead, has found advocates of late. If practicable there are some advantages attending that method of disposing of the bodies of the dead, but from the following statement, it would seem to be hardly practicable:—The human body is, in general, so little prone to combustion, that it requires a very considerable time, with even an abundant supply of fuel, to reduce it to ashes. Dr. CHRISTISON (the eminent medical jurist) states that the quantity of wood required to burn the body of an adult is about two cart loads. The last man burned at the stake in Europe (except one in Spain), was in Normandy, and it required two large cart loads of faggots, and several hours, to effect complete combustion. Among the Romans so much wood was required to consume a body, that it was too expensive a mode of disposing of the dead to be adopted by the common people.

## Correspondence.

### DOMESTIC.

**Anæsthesia—Who first Demonstrated its Practicability? and Who was the first to bring it into Use?**

EDITOR MED. AND SURG. REPORTER:—

It is well known that WM. T. G. MORTON has been for several years harassing the two Houses of Congress with importunities for a national recognition and reward for having conferred on humanity by far the greatest boon which has originated with the present century. In short, he claims to be entitled to the sole credit of being the first to discover the practicability of rendering the human system insensible to pain under surgical operations, and the first to apply with success, adequate means to that end. The state or condition to which the system is reduced, is called anæsthesia and the means used to produce that state anæsthetic agents. Those most employed are, nitrous oxyd gas, sulphuric ether, chloroform, and chloric ether, and the process is inhalation.

It is difficult to overrate the value or importance of this discovery, and that our country is entitled to the honor of having made it, is admitted by the whole civilized world; but when we come to descend from a whole people to the individual author, the question arises whether such author is to be found in Wm. T. G. MORTON. Is it to him that we are indebted for detecting and revealing this great secret of nature? If so, then no doubt he should be regarded as a public benefactor, and should be abundantly honored and rewarded as such. He should be taken from comparative obscurity and raised to a position not less exalted than that occupied by the immortal JENNER, and the national treasury should be open to his requisitions to such an extent as to place him far beyond want, if not in affluence. But did anæsthesia, in the modern sense of that word, originate with Wm. T. G. MORTON? Was the great fact detected by his vigilance, or developed by his experimentation, or is he an impostor who has bedecked himself with the plumes of another, and whose claims should be rejected with contempt if not with indignation?

On the 10th day of December, 1844, there resided in the City of Hartford, Conn., a citizen named HORACE WELLS, a native of New Hampshire, though he had made Hartford his home for a considerable number of years, a surgeon-dentist by profession, who possessed a quick eye and an acute mind with a philosophic turn, who was ardent, enthusiastic, susceptible, genial, and in every respect trustworthy, and whose physical constitution was as delicate as his moral and intellectual nature was sensitive. No man ever enjoyed the confidence of a community more entirely than he did that of Hartford. Enmity did not know him, and friendship and esteem everywhere attended his footsteps.

On the evening of this same 10th of December, 1844, this worthy man with his lady, attended at Hartford, a chemical lecture by Dr. G. Q. COLTON, during or after which he (Dr. C.) administered to Dr. WELLS, SAMUEL A. COOLEY, and several other persons the nitrous oxyd gas. Mr. COOLEY on being brought under its influence, became unusually excited, and taking the floor performed sundry evolutions and gyrations thereon, during which he contused and abraded both of his knees pretty extensively by collisions with the benches, which fact was noticed by Dr. WELLS. On recovering his self-possession the Doctor inquired of him whether he felt any pain from the injuries he had received. He replied he was not conscious of having sustained any injury, but on pulling up his pantaloons blood appeared in profusion. WELLS immediately turned to a friend sitting by, and expressed a belief that a man could by inhaling the gas, render himself so insensible that he could have a tooth extracted without pain. While escorting his wife home he reiterated an expression of the same belief and again reiterated it to a brother dentist and a particular friend, on whom he called the same evening to canvass the subject. Having spent some time in considering the matter, Dr. WELLS declared it to be

his purpose to take the gas the next day and have a defective tooth (a large molar) extracted, and thus to test the correctness of his theory. That is right! exclaimed his friend. *It is but just that we should commence with experimenting on ourselves.* Accordingly the next morning WELLS called on Dr. COLTON, stated the facts which had arrested his attention, and his conclusions therefrom. He requested him (C.) to take a bag of the gas over to the office of the dentist already alluded to, which he did accordingly. On the parties there assembling WELLS put himself in the operating chair. COLTON administered the gas, and as soon as he was brought under its influence the dentist extracted the tooth, and WELLS on recovering his consciousness, exclaimed "*A new era in tooth-pulling! It did not hurt me more than the prick of a pin!*"

There are not a few persons of high intelligence who have given this subject a particular consideration, who hold that there was here not only a conception of the anæsthetic idea but an actual parturition of it. That this offspring of genius was then and there brought into the world perfect and complete in all its proportions and parts, and that the strenuous endeavors which have since been made elsewhere to foist on the public other heirs to this inheritance of fame, can but be regarded as a base attempt to substitute for the true and the legitimate, the spurious and the illegitimate. I, however, purposely withhold my opinions for the present.

On the 30th day of September, 1846, there resided and still resides in Boston, Mass., the same Wm. T. G. MORTON already named, also a surgeon-dentist, whose characteristics I do not propose to describe here, as your readers will be much better qualified to appreciate the justness and propriety of my strictures after they shall have been put in possession of facts which will subsequently appear. "Toward evening of the day last named (we use the language of MORTON) a man residing in Boston, came in (meaning his office) suffering great pain and wishing to have a tooth extracted, and asked if he could be mesmerized." He (M.) told him that he "had something better, and saturating his handkerchief (meaning with sulphuric ether) he "gave it to him to inhale. He became unconscious almost immediately. It was dark and Dr. HAYDEN held the lamp while" he "extracted a firmly rooted bicuspid tooth. There was not much alteration in the pulse and no relaxation of the muscles. He recovered in a minute and knew nothing of what had been done to him. He remained for some time talking about the experiment." This he (M.) considered "to be the first demonstration of this new feat in science." Such was the language used by MORTON, himself, in his memoir to the Academy of Arts and Sciences at Paris, describing his first anæsthetic experiment on a human being, (changing only the first person singular into the third) and it is but candid to admit that I fully believe that the agent used was adequate and produced the effect desired, and that the man's tooth (whose name was EREN FROST) was extracted without pain, and therefore that he (M.) succeeded

in performing on the occasion named, a genuine anæsthetic operation, but your readers need be in no haste to conclude with MORTON that it was "*the first demonstration of this new feat in science.*"

On the same 30th day of September, 1846, there resided and still resides in Boston another citizen named CHARLES T. JACKSON, a distinguished physician and surgeon and a learned professor, whose name, position, and character for high ability and many accomplishments are familiar to the intelligent public in the United States and not unknown to the savans of Europe. Like, however, many other men of mark, he is not without his idiosyncracies—his bump of self-esteem would seem to be pretty extensively developed, and, perhaps, your readers may, in view of facts hereafter to appear, be disposed to inquire whether a morbid love of fame has not betrayed him into a line of conduct not very creditable to his good sense to say nothing of his fairness, candor, and rectitude. For myself I am free to admit that I am disposed to exercise in this case much of that charity which is said to "cover a multitude of sins."

In the winter of 1842, he (J.) had prepared, as he says, a large quantity of chlorine gas, and one of the jars containing it was overturned and broken. In trying to save the vessel he accidentally inhaled and filled his lungs with the gas which nearly suffocated him and endangered his life. His throat and lungs being greatly inflamed, he concluded the next morning to seek relief by inhaling the vapor of ether, and this he accordingly did. He realized his object and the effect of the vapor was to throw him into a state of insensibility. "Reflecting on the phenomena the idea flashed on his mind (I am using the words of Dr. J.) that he had made the discovery which he had so long been in quest of, the means of rendering the nerves of sensation so insensible as to admit of the performance of a surgical operation without pain." The learned Doctor insists that there was on this occasion a distinct conception of the anæsthetic idea, but he admits that it lay inert in the womb of mind, (if I may be allowed such an expression) and that there were no travail throes for years, but at length Dr. MORTON on this same 30th of September, called on him making inquiries touching the nitrous oxyd as an agent for producing insensibility when (as J. claims) he entered at once upon the subject of anæsthesia, told MORTON to substitute the vapor of sulphuric ether for the nitrous oxyd and then gave him full information as to its nature and effects, and precise instructions as to the method of using it. In short Dr. JACKSON strenuously insists that in a scientific point of view, MORTON in operating in the FROST case acted merely as his substitute or agent, and that the result should in justice, be passed to his credit. He affirms that MORTON was profoundly ignorant and utterly incapable of scientific investigation. But how he came to commit the development of an idea which according to his statements he had so long entertained, and which was of such vast consequence to humanity to such a character he has not as yet explained. If Dr. J. will

now so far modify his pretensions as to say that MORTON got whatever he knew of the practicability of anæsthesia from WELLS, and that he (J.) on being informed by the former of the use which the latter was making of the nitrous oxyd, at once told him to substitute therefor the vapor of sulphuric ether, and gave him full information as to its nature and effect, and instructions as to the method of using it, I believe that he will place himself on ground both truthful and respectable, which he should have occupied from the beginning. I declare it to be my unqualified belief that MORTON did nothing and was not capable of doing anything in the FROST case except *that* and precisely *that* which Dr. JACKSON told him to do. Whether such fact will authorize the latter to arrogate to himself the name and character of discoverer of anæsthesia and author of this great movement, will be considered hereafter.

I now come to a series of transactions of a most significant character which have not as yet been distinctly presented to the public, certainly not consecutively, nor has their bearing on the main question been shown.

As on one occasion "an idea flashed on the mind" of Dr. JACKSON, so on a different occasion another idea flashed on the mind of the illustrious MORTON. No sooner had the tooth of the happy FROST been extracted (we call him happy on account of the exquisite enjoyment which ever attends the anæsthetic state) than the aforesaid "flash" prompted MORTON to the conclusion that his pretended discovery might avail "to put money in his purse." The very next day he, with that object in view, hied to the office of R. H. EDDY, Esq., a very respectable patent lawyer residing in Boston, to whom he stated his case and asked his professional aid in obtaining letters patent of the United States for his supposed discovery. Mr. EDDY proceeded to inquire minutely into the matter and soon ascertained that Dr. JACKSON was most intimately connected with the subject. The Doctor as he concluded had furnished mind, intelligence, and science, and MORTON, sinews, muscles, and thews and the result of these conjoined powers was the ejection of FROST's tooth without a particle of pain.

Can this be said (meditated EDDY) to have resulted from the part taken by either JACKSON or MORTON alone? If the latter were to take the patent out, would it not be proved conclusively that he acted implicitly in conformity with the instructions of the former, and if, on the other hand, JACKSON were to take it out, would it not be proved with equal clearness, that MORTON alone performed the experiment, and that JACKSON was not even present. Mr. EDDY concluded to take time for consideration and did not act finally on the subject till near the close of the month. In the meanwhile he saw Dr. JACKSON and had from him a full confirmation of what MORTON had conceded, to wit: that he (J.) had participated in the affair in the manner stated, and was entitled to share in the honors and rewards of the discovery if any discovery there was.

On the 27th of October the parties met at the office

of EDDY and he then announced to them a decided conviction that both must join in the application for the patent to make it valid. In the first instance JACKSON objected from an apprehension that he might thereby expose himself to the censure of the Massachusetts Medical Society, and in consequence might even be expelled, but Mr. EDDY succeeded at length in overcoming his scruples. The parties being at full accord, Mr. EDDY proceeded to draw up the papers, which were: 1. An assignment by JACKSON to MORTON of all his "right, title, and interest" in what he designates as "a new and useful improvement in surgery," and 2. An application for a patent with specifications thereto attached in the usual form to be signed and sworn to by both.

The assignment commences with a preamble reciting as follows: "Whereas I, CHARLES T. JACKSON, of Boston, in the State of Massachusetts, chemist, have in conjunction with WM. T. G. MORTON of said city, dentist, invented or discovered a new and useful improvement in surgical operations on animals, whereby we are enabled to accomplish many if not all operations on animals such as are usually attended with more or less pain and suffering, without any or very little pain or muscular action to persons who undergo the same, and whereas the said MORTON is desirous of procuring a patent for the same, and whereas I am desirous of benefitting him and not to be interested in any patent, I have, therefore, in consideration of one dollar," etc. The instrument then proceeds in the usual form to "assign, set over, and convey" to MORTON "all the right, title, and interest" of him (J.) "in the said invention and discovery, etc." declaring that he had that day signed and executed the specifications "in conjunction with" MORTON "for the purpose of enabling him to obtain a patent thereon" and requesting the Commissioner to issue the same to MORTON "in his name and as his (JACKSON'S) assignee." This paper bears date October 27th, 1846.

The application for the patent was signed by both and bears the same date. The specifications annexed were made in the names of both and throughout the whole document they speak of the supposed improvement or discovery as the fruit of their united endeavors and joint efforts. It begins thus: "be it known that we CHARLES T. JACKSON and WM. T. G. MORTON of Boston," etc. "have invented or discovered a new and useful improvement in surgical operations whereby we are enabled," etc. They speak of "our discovery"—"this is our discovery." "Constitutes our invention"—"from the experiments we have made we are led to prefer," etc.—Operating through the stomach they add "we consider in no respect to embody our invention as we operate through the lungs and air passages," etc., and then they conclude as follows: "what we claim as our invention is the hereinbefore described means by which we are enabled to effect the highly important improvement in surgical operations, viz.: by combining therewith the application of ether or the vapor thereof substantially as above specified."

Mr. EDDY having drawn up the papers Professor

JACKSON signed and delivered the assignment, and both JACKSON and MORTON signed the specifications, and not only so, they both swore to it. The certificate of the Justice of the Peace who administered the oath, is as follows:

"STATE OF MASSACHUSETTS, } ss.  
COUNTY OF SUFFOLK.

"On this 27th day of October, A. D. 1846, personally appeared before me, CHARLES T. JACKSON and WM. T. G. MORTON, and made oath that they do verily believe themselves to be the original and first inventors of the improvement hereinbefore discovered, that they do not know or believe the same to have ever before been known or used, and they are citizens of the United States of America.

R. H. EDDY,  
Justice of the Peace."

MORTON thereupon transmitted the assignment and application for a patent with the specifications thereto annexed, and the certificate thereon endorsed to the Patent Office at Washington, and in due season letters patent were issued for a joint discovery and improvement to him partly in his own right and partly as the assignee of JACKSON. These letters bear date on the 12th day of November, 1846. I have obtained copies of the papers duly authenticated so that I know whereof I speak.

It should be stated here that in the report drawn up by the late Col. BISSELL, Chairman of a Select Committee, House of Representatives, Second Session, 30th Congress, but not presented, though subsequently taken and printed by MORTON, the above named assignment appears in a mutilated form. The whole preamble is left out and nothing inserted but the granting or assigning part of the instrument. Who mutilated this document? it certainly could not have been Col. BISSELL, as he was a gentleman of honor and quite above such a trick. It is obvious that MORTON was deeply interested in excluding from Congress all knowledge of the "conjunction" so explicitly avowed in the preamble. It is the last thing he would be willing to have disclosed at Washington when in pursuit of a great national reward. This affair would seem to have a very squally look. Possibly Dr. MORTON, dentist, can make a satisfactory explanation, but I doubt it. (Vide the mutilated document as quoted in the report of the Hon. Mr. WILSON from the Senate Committee on Military Affairs at the last session, p. 158.)

I further add that the patent expired on the 12th day of November, 1860. MORTON applied for a renewal, JACKSON refused to concur, and for this reason the Commissioner denied the application. Thus the "conjunction" of the two in making the discovery has at all times been recognized at the Patent Office.

Whether the supposed discovery or improvement was patentable, and whether Dr. WELLS was not the first to detect the principle, and the first to bring an adequate process of development into use, are questions which I shall examine hereafter. In either case the patent was utterly null and void.

But the above papers do not disclose all that I have of a union of the efforts of JACKSON and Mor-

ton to produce the result named. On the 28th day of November, 1846, MORTON entered into copartnership with N. C. KEEF to practice dentistry at Boston. On the next day they caused an advertisement to be drawn up which MORTON after a particular examination approved. It was signed by both, and on the same day (Nov. 29th) was published in three evening papers, one of which was the *Evening Traveller*. The advertisement is as follows:

"The subscribers having associated themselves in the business of dental surgery, would respectfully invite their friends to call on them at their rooms, No. 19 Tremont Row. They confidently believe that the increased facilities which their united experience will afford them of performing operations with elegance and dispatch, and the additional advantage of having them performed without pain by the use of the fluid recently invented by Doctors JACKSON and MORTON, will not only meet the wishes of their former patients, but secure to them additional patronage."

Ah! Doctor MORTON! more "conjunction!" but what of that fluid which you and JACKSON invented? Did your united powers invent Sulphuric Ether? Recollect, that false pretences in business transactions are criminal! in scientific, detestable! but here we have a "conjunction" of both!

According to the preamble of the assignment it would appear that Dr. JACKSON was in this affair enacting a truly disinterested part—he was not willing "to be interested in any patent;" and not only so, but a highly beneficent part—he was "desirous of benefitting" MORTON. But "all is not gold that glitters;" his disinterestedness and beneficence were nothing but outside show, for JACKSON took from MORTON at the same time for his "conjunction" in making this discovery, and for the assignment, his bond, obligating him to pay over to JACKSON ten per cent. of the proceeds of the patent for his interest in it, and subsequently by his counsel he demanded twenty-five per cent. of the profits both at home and abroad, which MORTON refused to concede.†

I now come to a chapter as to the proceedings of JACKSON, which I regret my obligations to the cause of justice and truth should constrain me to open. A few days after the supposed discovery, he (J.) drew up a formal paper setting forth the nature and particulars thereof, and claiming it to have been exclusively his own, and this paper sealed up, he forthwith forwarded to a friend in Paris, and directed him to lodge it in the archives of the Academy of Arts and Sciences there, unopened, till he should give further direction on the subject. That paper was as follows:

"BOSTON, November 13th, 1846.

"I request permission to communicate through your medium to the Academy of Sciences a discovery which I have made, and which I believe important for the relief of suffering humanity as well as of great value to the surgical profession. Five or six years ago I noticed the peculiar state of insensibility into which the nervous system is thrown by the inhalation of the vapor of pure Sulphuric Ether, which I respired abundantly, first by way of experiment, and afterwards when I had a severe catarrh, caused by the

inhalation of chlorine gas. I have latterly made a useful application of this fact by persuading a dentist of this city to administer the vapor of Ether to his patients when about to undergo the operation of extraction of teeth. It was observed that persons suffered no pain in the operation, and that no inconvenience resulted from the administration of the vapor."

Subsequently the Doctor addressed to his friend another letter, directing his first communication to be opened and its contents communicated to the Academy. The following is an extract from it:

"December 1st, 1846.

"The advantage of the application of the vapor of Ether has been completely established in this country, and the agent has been used with great success in the Massachusetts General Hospital."\*

Ah! good Doctor! what has become of your "conjunction" with MORTON in making this discovery? And how came it about after you had not only stated, stipulated, and even sworn, that this great secret of nature was detected by the joint efforts of MORTON and yourself, and after you had conceded to him much the greater part of the proceeds, and had taken his bond for the balance, that you were making secret communications to a scientific body in Europe, appropriating to yourself the whole credit of bringing this deeply interesting fact to light?

It must be quite apparent to your readers that on the return news from Europe, as to the proceedings of JACKSON at Paris, there could no longer be peace between "the high contracting powers." They immediately declared war against each other, and have prosecuted hostilities with intense bitterness from that day to this. If the result shall be (as in the case of the Kilkenny cats,) a complete annihilation of their respective claims, every lover of truth, honor, and rectitude, must rejoice.

In conclusion (for the present), I will only ask your readers to consider in view of the revelations of these columns, how much of brass must enter into the composition of Wm. T. G. MORTON's face to enable him to appear before Congress and demand a great national reward, on the ground that he is the sole discoverer of practical Anæsthesia, and, that to him, and to him only, is the world indebted for this priceless boon to humanity? "Conjunction!" "Conjunction!" should in conspicuous characters be burnt into his forehead, and impudence should in his case, if ever, be "chastised with scorpions!"

I shall treat of other branches of this subject here after.

A LOVER OF TRUTH AND JUSTICE.

The Sanitary Commission and its Surgeon-General.

EDITOR MED. AND SURG. REPORTER:—

The efforts which have been made by the conductors of the *American Medical Times*, to give false eminence to the present chief of the Medical Bureau of the Army, though annoying to the better informed and well-disposed members of the medical profession, because of its covert impeachment of

\* Vide the Report of Senator WILSON, p. 145.

† Vide the same Report, p. 140.

\* Vide the same Report, p. 130.

the older members of that honored branch of the general staff of the army such as SATTERLEE and WOOD and TRIPLER, etc., have been allowed to pass in comparative silence, under a belief that the Editor of this periodical had become a stipendiary of the Surgeon-General, his annuity being paid in the patronage of the Medical Department. But when these erroneous ideas have become the theme of anniversary medical addresses, and the staple of grave appeals to the President of the United States, it is time that the friends of the "Old Guard" should rally in its defence, and not allow the belief to be incorporated into the medical literature of the day, that there is neither professional skill, nor administrative ability to be found in the medical staff of the army, except in the Brigadier-General, lately, by some inauspicious influence, placed at its head.

Though not a member of the medical staff myself, its members generally have so much of my sympathy, and the senior ones so much of my personal regard, that I ask the privilege, through your journal, of speaking a word in its defence, knowing that whatever of inefficiency there may have been, as has been charged against it, at the outbreak of the war in which we are engaged, was owing to the absence of legislation by Congress, and the extraordinary state of the country, which the army was called on to correct.

If what I have stated of the *Medical Times* as a postulate, be true, it is not so much a matter of surprise, as of regret, that its editor should have mistaken a book on General Hygiene for a Military Manual, or that he should say of its author, "nothing but the sagacity and persistent energy of Surgeon-General HAMMOND, has enabled the Medical Department to surmount the obstacles which impeded its action, and achieve that measure of success, which the soldiers and the people so gratefully acknowledge;" or that he should have regarded the order by which that functionary was exiled from Washington, a complimentary acknowledgment of his great executive ability.

I express no astonishment at the remarks of the editor of the *Times*, in justification of the transfer of a junior assistant-surgeon to the head of the Medical Bureau, who had during eight years of army life, in time of peace, been two years on the sick report in consequence of feigning fatty degeneration of the heart; who was compelled by the Army Medical Board, as a condition precedent to his re-admission to the army, to sign a pledge, not to report sick of that disease again, and who never had been actively engaged in field service, and had rarely stained his hands by contact with the sweat of the poor or the blood of the brave, thus over-riding the war-worn members of that corps, his peers in knowledge and his masters in skill. But why the President of the Westchester County (New York) Medical Society, Dr. FOSTER JENKINS, should, as he did in his Annual Address, June 16, 1863, become the echo of that periodical, unless he had some private axe to be ground, is not susceptible of explanation. This echo from Westchester, followed by the letter from the Sanitary Com-

mission to the President of the United States, all tending to one point, the inflation of the Surgeon-General, as if designed to show by the rule of inverse proportion the difference possible to be made between the head and the body of the army medical staff, we think justifies the opening of his military and scientific record.

The efforts of this clique, to defend their protege, who has been charged with gross official corruption, would not have demanded this notice, but for the boldness with which, by implication, the older members of this staff corps are traduced, by this unofficial organization, who have so long usurped the powers belonging to the Medical Bureau, that they have recently, though indirectly, rebuked the Secretary of War, by directly appealing to the President for the appointment of a court for the trial of Surgeon-General HAMMOND, as the Secretary has dared to inquire into the condition of affairs in that Department, and to scrutinize the acts of its chief.

The allusion I have made to his absence from duty I believe to be strictly true, not only that, but I have been assured by an honorable member of the medical staff, now in retirement, that it is understood at Medical Head-Quarters, that the re-appearance of Doctor HAMMOND's cardiac disease should be construed into a tender of his resignation. Whether this chapter in the Surgeon-General's history is to be regarded as a proof of his moral or physical fitness for official station, neither the Reverend head of the Sanitary Commission, nor the editor of the *Medical Times*, has given us the desired information. He may be superior in avoirdupois to his subordinates in rank,—so are Heenan and Tom King,—and perhaps their equals in ability, not more, but these acts, show that he has fallen far behind his medical co-peers in fidelity to the government.

An inquiry for the proofs, that, in the language of the Sanitary Commission, this gentleman was selected for the position he now occupies, because "he is thoroughly scientific, highly endowed, large-minded, energetic, and a controlling administrator," has not yielded any more satisfactory results. I have looked through the medical statistics of the army from 1839 to 1860, without finding any traces of this "thoroughly scientific and large-minded" physician.

The American Medical Association, in 1857, published a prize essay, written by Dr. HAMMOND, on the nutritive value of albumen, starch, and gum, a rescript of the materials furnished by LIEBIG, LEHMANN, CARPENTER, and DRAPEL. A reader of this paper, however well disposed to appreciate the "highly endowed" author, will find a great difference between the nutritive value of gum and starch, and the pecuniary value of essence of beef, when purchased by his order for army use, and sold by parties in the interest of the Surgeon-General for their joint benefit. The *American Journal of the Medical Sciences* contains an article, also from his pen, on the Woorara poison, written about the time "he was selected solely for his fitness," and before it had been proved to the Sanitary Commission, that "his administration had more than justified all the

high hopes and expectations of those who recommended him for the place."

If this eminent physician and distinguished surgeon has given any other proofs of the possession of those gifts and acquirements which in England would have made him a PRINGLE, in France a LARREY or a BAUDENS, or in America a LOVELL, it has been my misfortune not to have made such a discovery. Whilst I thus confess myself ignorant of Dr. HAMMOND's antecedents, so far as to justify a doubt in my own mind of his being in possession of those pre-eminent abilities which would mark him in the judgment of his professional compeers for the place of Surgeon-General of the Army, I do not propose to disguise the fact, that *since* his induction into office, he has, by leaving the affairs of his Bureau to be conducted conjointly by subordinates and the Sanitary Commission, been able to direct the energies of his great intellect, to the production of a Book on Hygiene, to be placed in the supply table of the Medical Department, in the expectation that it would be purchased by every member of the medical staff in the United States service, with his approval, and at public expense.

I owe an apology to your readers, for having devoted so much space, to what may be regarded as personal, but have been moved to it by the letter from which I have made some quotations, addressed to the President of the United States by that extraordinary "body of experts" at the head of which stands a "Bellows" of marvellous proportions, when my purpose was more particularly to speak of his administrative abilities, by giving such proofs of his far-seeing and far-reaching capacities, as can conveniently be drawn from the records of the Sanitary Commission.

In a well-considered article in the REPORTER, January 2, 1864, it was proposed to show to whom belonged the credit of conducting the medical affairs of the Army of the Potomac, so as to produce the admirable results set forth in the report of Dr. WOODWARD on the mortuary statistics of the first year of the war, in which the country is yet engaged. The article alluded to so satisfactorily ascribed this credit to Dr. C. S. TRIPLER, the Medical Director of that Army, that I find myself relieved from all anxiety on that point.

After Dr. TRIPLER had been relieved from duty with General McCLELLAN, and whilst Dr. HAMMOND, whose removal "would be as serious a blow, at the lives, comfort, and efficiency of the army, as the enemy itself could inflict," we find a statement in the report of the Sanitary Commission, respecting the condition of the medical supplies at the battle of Antietam, that certainly acquits the members of the "old Guard" from the charge of delinquency, and as certainly fixes the opprobrium attached to inefficiency on the head of the Medical Bureau, in whose sight the Army of the Potomac must have passed, on its march from Virginia to Maryland. (*See Appendix A.*)

Whilst seeking for motives to account for the zeal of the Sanitary Commission, in the cause of the Surgeon-General, it has occurred to me to inquire,

whether all this fluttering on the part of this body, and of the press alluded to, might not be the exhibition of a dread, that a change in the head of the Medical Bureau, would in some way, lead to an inquiry, how and for whose benefit, the seven millions of property and the million of dollars in money, placed in the hands of this irresponsible body by the people of the United States, have been expended? Such an investigation, in relation to the acts of the Eastern section of that Commission, I believe is now beginning to be demanded by public opinion. With the western wing of this Commission I think there is no dissatisfaction.

Before leaving this subject with which I have occupied more space than I intended when I commenced, allow me to refer to the admirable "Circular" of the Medical Director of the Army of the Potomac, (Dr. TRIPLER,) which is also annexed, (*Appendix B.*) and to inquire of the Honorable Gentlemen who signed the letter addressed to the President, dated December 29, 1863, if it was their purpose to say that there is no administrative ability in the office of the Medical Purveyor at New York, and no executive talent in the office of the Assistant Surgeon-General in the West, or that of the Acting Surgeon-General at Washington? If so, they are calumniators.

SENEX.

#### APPENDIX A.

*Extract from a paper by the Sanitary Commission, dated October 21, 1862.*

"In the recent campaign in Maryland, the agents of the Commission, more than once, were distributing from its stores to the wounded on the field while engagements were yet in progress; and within three days after the battle of Antietam, more than forty chosen men were systematically employed in the same duty; and succor, in one form or another, had been extended by them to eight thousand sufferers. Among the materials distributed there were some of the first importance, and of which there was at this time scarcely any supply on the ground except that brought through the Commission, such as morphine and chloroform.

"The Commission has been censured for attempting to accumulate supplies, and for holding them in reserve at a distance from the seat of war, and gifts have been withheld from it on that account. Nothing is more certain than that had all taken this course, the lives of hundreds of brave men, each dear to some fireside, would have been lost at Antietam, which have now been saved. This will not be regarded as an extravagant statement, when it is known that there were thirty regiments from one State alone, which went into that battle absolutely without the smallest particle of medical or surgical stores in the hands of their Surgeons; that the Government supplies sent for their relief did not reach the ground till the third day after the battle."

#### APPENDIX B.

*Hospital Service in Action.*

"Head Quarters, Army of the Potomac, Washington, D. C., March 7, 1862.—Circular.—The following Hospital arrangements for the use of the Army of the Potomac, prepared by the Medical Director to meet the emergencies of active operations in the field, are published for the information and guidance of all concerned:

Here follow par. 735, 738, 739, and 740, Revised Army Regulations.

"At the commencement of an action, the Hospital attendants and the Band (where there is one) of each Regiment will report promptly to the Surgeon. These men will be employed as litter bearers and as guides for the wounded to the field depots. No other men will be permitted to leave the ranks for that purpose.

"Surgeons of Regiments will promptly prepare their field stretchers for use, and select the men to bear them. They will then send them forward to the rear of the line of battle, ready to bring off those whose wounds require that they shall be carried. This done, the medical officers will get in instant readiness their instruments and dressing. The litter bearers will carry upon their persons a supply of lint and bandages, and a field tourniquet.

Designates the Medical Director.

"The Quartermaster of Division will select a place in the rear as a depot for the graver injuries, about which there is no doubt as to the necessity for immediate amputation.

"The Medical Director to detail the officers to take part at this depot, having with them their attendants with water, basins, cups, chloroform, brandy, whiskey, cup sponges, and per sulph. of iron; cooks to make fires to prepare tea, soup, etc.; medical officers not thus detailed to establish their field depots as near the line of battle as a suitable shelter can be found, where the less serious wounds will be dressed, from whence they will be sent to the principal depots in ambulances; prompt attention to be given to the wounded without regard to regiments or corps; medical officers to secure their horses ready to fly to any part of the field; to be provided with a canteen of brandy or whiskey for the use of the wounded; to make reports within twenty-four hours; field of battle to be searched," etc.

By command of Major-General McCLELLAN.  
S. WILLIAMS, Assistant Adjutant-General.  
(Official.)

Cheap Lectures; Calibar Bean; Dr. T. G. Elliott on the Pelvis; Dr. Wm. H. Van Buren on the Rectum; Dr. Valentine Mott still lectures; Anecdote.

#### EDITOR MEDICAL AND SURGICAL REPORTER:

It is worth recording that, notwithstanding the increased valuation of everything in the market, owing to the rise of gold, students of medicine are permitted to enjoy the same facilities for learning that were accorded them five years ago. And this is not all. Each year our noble Profession makes rapid strides in the progress of science. The chemical analysis of morbid structures on the gaseous developments of innate elements are daily, I may say hourly, unfolded to the zealous investigator, who is enabled to produce the newest evidences of discovered truth. The piercing eye of the cyclopean microscope bids defiance to a hidden resistance: and the modern lecturer discourses fluently, and with becoming self-possession, on what had lain concealed since Adam's time, and but one week ago found out a birth-place in the brain of some most fortunate M. D.

This is peculiarly true in the case of one of the most important of modern discoveries. The only reliable agent for external application, whose power is equal to a never-failing dilatation of the pupil is belladonna. This is eminently indispensable to the oculist in particular. But any preparation that could act inversely for the benefit of man, and by

external use, cause the pupil to contract for a certain given space of time was wanting. This, however, has at least found light and publication, and few there are who can sufficiently announce the countless troubles that may be alleviated by its ever prompt assistance. Let it be recorded that the active principle of the

#### Calibar Bean.

If applied to the eye of any person afflicted with a too enlarged pupil will cause it to contract not only to a comfortable size but compel it to remain so for nearly one day. This preparation may be purchased in London: it is embodied in a blue paper, one sheet being about four inches wide and some three inches long. This paper is divided by rectangular lines in the following manner:

1	2	3	4	5
&c.	&c.			

For every application, one of these little squares is cut off and placed on the eye, when the active principle of this bean is immediately absorbed and the desired effect at once produced. The size of the square is very nearly what the above figure represents. This most valuable addition to our remedial agents has only been in this country some two months. By the courtesy of my enlightened and eloquent friend, Dr. WILLIAM R. DONAGHE, Demonstrator of Anatomy, University Medical College, I was permitted to witness the effect of this magical bean, and truly I marveled. It is also a common remedy with C. R. AGNEW, M. D., whose past career justifies the following formula:—

C. R. AGNEW: Eye: : WM. H. VAN BUREN: Surgery.  
Bellevue College.

While visiting Bellevue College the other day, I was most agreeably entertained by listening to Prof. G. T. ELLIOT, whose lecture on "Deformities of the Pelvis," was fit to print. What more can be said? Some of the specimens the Doctor exhibited, were most instructive to the unenlightened, particularly one pelvis from the museum of Prof. JAS. R. WOOD. Is it not enough for Bellevue Hospital College to say that three hundred students regularly attend: and that it will be necessary in a year or so to enlarge the building and double the size of the lecture-rooms.

#### Diseases of the Rectum.

At a regular meeting of the Academy of Medicine not long since, Dr. WM. H. VAN BUREN read an interesting paper on Diseases of the Rectum and their treatment. That which was particularly worthy of attention was the statement of "fixed facts" to the effect that the Doctor had cured many affections of the anus and its vicinity by simply distending, or in

other words, pulling apart or stretching the parts with two fingers. Dr. VAN BUREN stated that this was not only a more merciful method (the patient of course being under ether during the operation) than the knife or ligature, &c., but it was more effectual and speedy in its benefits on many occasions under his own observation. This over distension paralysed for a time the adjacent muscles of the anus which seemed to be the cause of so much pain at stool. The perusal of this "paper," when printed, will reward the most learned. Dr. VAN BUREN moreover recommended as the best speculum for that locality the one invented by Dr. J. MARION SIMS of the Women's Hospital, and now used by the efficient Dr. EMMET, "resident" Physician of that institution.

It was a sad bereavement at the commencement of a new year, for Dr. VAN BUREN to lose his only son at sixteen, of typhoid fever, after an illness of some two months and the most unremitting attention of the best advice of the profession in New York.

Prof. Valentine Mott.

Prof. VALENTINE MOTT still lectures at the University College, to an appreciative audience. I happened to be in the other day and heard the genial Doctor discourse at length of the "Surgical and relative Anatomy of the Axilla," and indeed I was surprised to notice the same freshness, the same anecdotal humor of the learned chirurgian, the immense amount of facts condensed into one hour and the peculiar faculty Dr. MOTT has of impressing upon the student's mind the importance of performing such an operation in such a way; the danger of doing it otherwise. Dr. MOTT first tells you how to do it: next several instances where and when he did it (sometimes by candle-light): and next he recounts a melancholy instance for your benefit, where it was done another way and death followed. It is singular and worthy of honorable mention, that a physician rather advanced in life, attended, this fall, Dr. MOTT's lecture on some important region, and, after it was concluded, informed him that exactly fifty years before he had listened to young Prof. VALENTINE MOTT in the zenith of youthful ambition and anatomical skill. How rare is such a fact; or is there another instance of a similar character where either the listener or student has not died before the time; or one been unmindful of the other. "Bravo! Dr. MOTT."

Yours truly,

SAM. W. FRANCIS.

January 11th, 1864.

#### Resection of Arm—Recovery with a Useful Limb.

EDITOR MEDICAL AND SURGICAL REPORTER:

The following case came under my care while on duty in General Hospital in Washington.

J. C., age about 20, was wounded by a minie ball at Chancellorsville, Va., May 4th. 1863. Ball entered at inner side of lower third of right arm, passed upward and outward, and emerged about two inches

below shoulder joint. Operation May 10th, while under the influence of chloroform. A free incision was made on outside of the arm, cutting down to the bone which had been found by previous examination, to be extensively comminuted. The loose portions were removed and the free extremities of the remainder sawn off nearly as far back as the fractures extended. It was found by measurement that the space cleared of all bone was *four and one half inches*.

Treatment consisted of simple dressing sol. of morph. for two or three nights to procure sleep. Diet light. After suppuration had become profuse, nourishing diet with porter and ale.

RESULT. Patient can easily feed himself, write, carry a pail of water, etc., in fact seems to have almost perfect use of the arm and hand in all light work except in carrying the arm outward and upward, when the deltoid fails to act, as it has no point of insertion.

Respectfully,

E. J. HALL, M. D.

Washington, D. C., Jan. 20th, 1864.

#### Spotted Fever.

EDITOR MEDICAL AND SURGICAL REPORTER:

Permit one who has been puzzled for the last ten days what to do for the sick, to address you a few lines. "The Spotted Fever," or Cerebro-Spinal Meningitis has appeared in our town (New Centreville) and marked its course with great fatality. Seven cases as they have occurred, have died in from thirty-six hours to five days, aged from four to thirty-eight years; being three males and four females. Those cases were not seen or prescribed for until the first stage had passed, or about twenty-four hours after the chill. The symptoms were, chill, vomiting, fever, pain in the head and upper part of the spine and in the limbs, exalted cutaneous sensibility, the head drawn back, rigid muscles, tetanic spasms of the face, piercing cries from pain, but little heat of the surface. The eye was inflamed in some cases, dilated and contracted in others. Three cases had slight tonsillitis; two had purging; one had general spasms followed by collapse. This case closed in thirty-six hours from the first appearance of the symptoms.

Two cases that occurred within the last six days, were seen earlier. There was no exalted cutaneous sensibility; the symptoms were chill, vomiting, muscular rigidity, fever, pain in the head and spine and limbs; but none of the severe symptoms of the fatal cases. I gave calomel and magnesia as a cathartic, and antimony and chlorate of potash; also opium to relieve pain; cupping the nape of the neck and spine, following it with a blister. As I have never seen the disease before, and have been with it but a fortnight, I hope some who have become familiar with the disease and its treatment will hasten to give me their experience.

Very truly yours,

WM. S. HARRAH.

Gebhart's, Somerset Co., Pa.

## Army and Navy News.

### Franking Letters.

SURGEON-GENERAL'S OFFICE,  
WASHINGTON, D. C., Jan. 18, 1864. }

[Circular No. 1.]

By a decision of the First Assistant Postmaster-General, "Hospital Stewards and Medical Cadets have no right to frank letters to any Department. Their reports should be made through the Surgeon in charge of the hospital, or the Commanding Officer of the post where they are stationed."

JOS. K. BARNES,  
Act Surg.-General.

### Descriptive Lists.

SURGEON-GENERAL'S OFFICE,  
WASHINGTON, D. C., Jan. 19, 1864. }

[Circular No. 2.]

The attention of medical officers in charge of United States Hospitals is called to the imperative necessity for more strict compliance with Paragraph 1,286, Revised Army Regulations, 1863, regarding Descriptive Lists of soldiers leaving hospitals. Whether a soldier be transferred from one hospital to another, to his regiment, or to any other point, his complete and certified descriptive list must be at once transmitted to the proper officer.

Hereafter, failure to comply with this regulation will be considered disobedience of orders, and as such reported to the Secretary of War for his action.

JOS. K. BARNES,  
Act Surg.-General.

### Promotion.

Dr. A. Burt, Jr., Ass't Surgeon of 139th Reg't, N. Y. V., has been promoted Surgeon of the same, vice Dr. J. H. Thompson, resigned.

### Changes.

Surgeon Lewis D. Harlow, U. S. V., has been relieved from duty at General Hospital No. 3, Nashville, Tenn., and assigned to General Hospital No. 3, Chattanooga, Tenn.

Surgeon C. A. Cowgill, U. S. V., has been relieved from duty as Superintendent of General Hospitals, District of North Carolina.

Surgeon Daniel Meeker, U. S. V., has relieved Surgeon Shippen, in charge of General Hospital and Convalescent Camp, Camp Nelson, Ky. Surgeon Shippen has been ordered to Knoxville, Tenn.

Surgeon James Leete, U. S. V., has been relieved from duty in Baltimore, Md., and assigned to Wilmington, Del.

Surgeon Lincoln R. Stone, U. S. V., has been relieved from duty with the 12th Army Corps, and assigned to Cumberland Hospital, Nashville, Tenn.

Ass't Surgeon Robert McGowan, U. S. A., to duty at General Hospital No. 4, Knoxville, Tenn.

Ass't Surgeon A. B. Chapin, U. S. V., has relieved Ass't Surgeon Henry C. Parry, U. S. A., at Portsmouth, Va.

Surgeon J. E. Herbst, U. S. V., has been relieved from duty in the office of the Medical Director, Department of West Virginia, and has relieved Acting Ass't Surgeon J. R. Bell, U. S. A., in charge of the General Hospital, Gallipolis, Ohio.

### Assignments and Orders.

The following assignments of medical officers have been made:—

Surgeon Henry Buckmaster, U. S. V., now on duty as member of the Army Medical Board, in session at St. Louis, Mo., to report to the Major-General commanding Department of Kansas, for duty as Medical Director of that Department.

Ass't Surgeon J. S. Smith, U. S. A., now in charge of Davids' Island General Hospital, New York Harbor, to be relieved from duty in the Department of the East, and to report to the Commanding General, Army of the Potomac.

Ass't Surgeon T. H. Helsby, U. S. A., to be relieved from duty in the Army of the Potomac, and to report to the General commanding the 8th Army Corps, for duty in the Middle Department.

Surgeon Burkitt Cloak, U. S. V., is relieved from duty at

Camp Dennison, Cincinnati, Ohio, and will report in person, without delay, to Ass't Surgeon-General Wood, U. S. A., at Louisville, Ky., for assignment to duty.

The following named Hospital Stewards are relieved from duty in Washington, and will report in person, without delay, for duty to Surgeon Ebenezer Swift, U. S. A., Medical Director, Department of the South:—

John Cross, G. W. Cummings, W. H. Bricker.

The Quartermaster's Department will furnish the necessary transportation.

Surgeon Enoch Pearce, U. S. V., now in Hospital, at Cincinnati, Ohio, will report in person, without delay, to Ass't Surgeon-General R. C. Wood, U. S. A., at Louisville, Ky., for assignment to duty.

### Amended Orders.

So much of Special Orders No. 399, September 5th, 1863, as dismissed Ass't Surgeon James Moore, 17th Penn'a Cavalry, is revoked, he having previously been discharged upon tender of resignation, by Special Orders No. 107, series of 1863, from Cavalry Corps, Army of the Potomac.

### Reported for Duty.

Surgeon Wm. C. Bennett, U. S. V., is performing the duties of Medical Director of the 12th Army Corps, during the illness of Surgeon John McNulty, U. S. V.

Ass't Surgeon Henry Everman, U. S. V., is on duty in the office of the Medical Director, Louisville, Ky.

Surgeon W. S. Thompson, U. S. V., has accompanied the 16th Regiment, Invalid Corps, from Harrisburg, Penn'a, to Elmira, N. Y.

Ass't Surgeon H. L. W. Burritt, U. S. A., is on duty with the 1st Division, 9th Corps, Knoxville, Tenn.

Surgeon S. W. Gross, U. S. V., has returned, from leave, to Morris Island, S. C., and resumed his duties as Surgeon-in-Chief.

Ass't Surgeon H. C. Roberts, U. S. V., is on duty at Norfolk, Va., as Attending Surgeon at Fort Norfolk and the City Jail.

Surgeon J. H. Baxter, U. S. V., is on duty as Chief Medical Officer, Provost-Marshal-General's Office, Washington, D. C.

Surgeon E. B. Dalton, U. S. V., has returned from leave of absence and resumed his duties as Surgeon in charge of Bal-four Hospital, Portsmouth, Va.

### Resigned.

The resignation of Surgeon R. Cresson Stiles, U. S. V., has been accepted by the President, to take effect Jan. 16, 1864.

### Leave of Absence.

Surgeon Henry Janes, U. S. V., is on leave of absence, at Waterbury, Vermont.

Leave of absence for twenty days, with permission to apply for forty days' extension, has been granted Surgeon J. R. Ludlow, U. S. V.

Surgeon S. S. Mulford, U. S. V., is on leave of absence, in New York City.

Surgeon R. R. Taylor, U. S. V., is on leave of absence (sick), at Philadelphia, Pa.

Surgeon D. P. Smith, U. S. V., is on leave of absence, at Springfield, Mass.

### Relieved.

Surgeon J. B. Porter, U. S. A. (retired), is relieved from duty, at Chicago, Ill.

### Discharged.

At the request of the Governor of Massachusetts, Ass't Surgeon Wm. Thorndike, 34th Mass. Vols., is honorably discharged the service of the United States, to enable him to accept an appointment as Surgeon of the 39th Massachusetts Volunteers.

### Dismissed.

The proceedings, findings and sentence of the General Court-Martial, convened by virtue of Special Orders No. 160, Headquarters, Military District of Washington, July 11th, 1863, in the case of Surgeon Wm. H. Thayer, 14th New Hampshire Vols., are disapproved, and he is dismissed the service of the United States, to date from January 8, 1864.

### Hospital Closed.

General Hospital No. 5, Nashville, Tenn., has been closed. In consequence of the scarcity of fuel at Nashville, all the patients, whose condition warranted it, have been sent north for the winter.

## News and Miscellany.

### Beer.

Mr. MATHEW, the well known writer on the London poor, has just published a work on Germany, in which he proves by statistical reasoning that one-third of the gross gains of the entire people is lavished upon beer.

### Compulsory Vaccination.

The *Court Journal* says: "A grand scheme for beautifying Ireland comes into operation on the first of the year, when vaccination is made compulsory, under a heavy fine."

### Hospitals Discontinued.

The United States General Hospital, at Bedloes' Island, New York Harbor, will be discontinued, the medical and hospital property turned over to the Medical Purveyor, at New York, and the pavilion wards converted into barracks for convalescents, and men returned to duty from general hospitals in and near New York. The Commanding Officer at Fort Wood will receive, take charge of, and expedite the transportation to their regiments of all men sent to the Convalescent Barracks, on Bedloes' Island, by the Medical Director, Department of the East. Medicines and medical attendance will be furnished by the Post Surgeon.

The McDougall Hospital, at Fort Schuyler, N. Y., has been turned over to the Quartermasters' Department.

### ANSWERS TO CORRESPONDENTS.

**✎** Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

*Dr. U. B. K., Penn'a.*—Turner's Manual of Practice was mailed to you on the 25th inst.

*Dr. D. A. W., N. J.*—Bedford's Obstetrics and Sargent's Minor Surgery were mailed to you on the 26th inst.

*Dr. J. B. M., Ohio.*—We will send you Gray's Anatomy, bound in leather, free, by mail, for \$7.

*Drs. E. H. M., J. McK., and C. P. W., Penn'a; and E. W. B., N. Y.*—Your Visiting Lists were mailed to you on the 28th inst.

*Dr. J. C. D., Ohio.*—We would recommend the works of either Meigs or Condie, of this city, on the Diseases of Children, together with West or Tanner. For the prices, see our priced list of books in recent numbers of the REPORTER.

### MARRIED.

**SMITH—WYNKOOP.**—December 30, 1863, at the residence of the bride's father, Dr. Elias E. Smith and Susan B. Wynkoop, daughter of Gerardus Wynkoop, all of Bucks county, Pa.

**THOMPSON—OSBORNE.**—At Madison, N. J., on Tuesday, Jan. 19, by Rev. J. M. Johnson, Edwin B. Thompson, Act. Ass't Surgeon, U. S. A., and Helen E. Osborne, of Beloit, Wis.

### DIED.

**COLLINS.**—At Great Barrington, Mass., on Sunday, Jan. 17, Annie, only surviving child of Dr. Clarkson T. Collins, aged 5 years and 10 months.

**HARMON.**—In hospital, at Baton Rouge, La., on Friday, Jan. 1, Wm. L. Harmon, M. D., of New York, in the 54th year of his age.

**MORTON.**—At Germantown, Philadelphia, on the 29th inst., Rebecca P. Morton, widow of the late Samuel George Morton, M. D., of this city.

**WILSON.**—Suddenly, on Wednesday evening, Jan. 20, at his residence, No. 17 West Eleventh street, N. Y., A. D. Wilson, M. D., in the 63d year of his age.

**WOYTMAN.**—At Hopewell, Dutchess Co., N. Y., on Thursday, Jan. 14, Elizabeth B., wife of Dennis Wortman, M. D.

### NOTICE.

#### Medical Society of the State of New York.

Pursuant to the Statute, the *Fifty-seventh* Annual Meeting of the Medical Society of the State of New York will be held in the City of Albany, on the first Tuesday in February, 1864. The session will continue through Tuesday, Wednesday, and Thursday, the 2d, 3d, and 4th of February.

Punctual attendance is requested.

STYLER D. WILLARD, M. D., Sec'y.

### METEOROLOGY.

January	18,	19,	20,	21,	22,	23,	24.
Wind.....	N. E.	S. W.	S. E.	E.	N. W.	S. W.	S. W.
Weather....	Cl'dy.	Rain.	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.
Depth Rain...							
Thermometer							
Minimum.....	22°	33°	26°	26°	26°	26°	26°
At 8 A. M.....	37	44	32	29	33	34	35
At 12 M.....	40	44	37	32	43	44	51
At 3 P. M.....	47	45	38	33	45	47	53
Mean.....	36.5	41.5	33.2	30	37.2	38.2	42.5
Barometer.....							
At 12 M.....	30.2	29.4	30.1	30.5	30.3	30.8	29.9

Germantown, Pa.

B. J. LEEDON.

### MORTALITY.

	Philadelphia. Week ending January 23.	New York. Week ending January 25.	Baltimore. Week ending January 25.	Boston. Week ending January 23.	Providence. Month of December.
Pop'l'n, (estimated.)	580,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male .....	174	283	84	55	68
Female .....	163	243	52	43	61
Adults .....	160	256	63	56	75
Under 15 years .....	148	262	71	42	41
Under 2 years .....	89	156	31	38*	25
Total .....	327	526	136	98	114
Deaths in 100,000 .....	56.37	52.6	53.66	54.44	22.58
American .....	245	345	...	58	82
Foreign .....	73	181	...	40	37
Negro .....	26	14	22	2	6
ZYMOTIC DISEASES.					
Cholera, Asiatic .....	...	...	...	...	...
Cholera Infantum .....	...	1	...	...	...
Cholera Morbus .....	...	...	...	...	...
Croup .....	13	24	4	2	6
Diarrhoea .....	5	6	...	1	2
Diphtheria .....	8	33	4	4	6
Dysentery .....	...	1	...	...	1
Erysipelas .....	3	3	1	2	...
Fever, Intermittent .....	...	1	...	...	...
Fever, Remittent .....	1	1	...	...	...
Fever, Scarlet .....	1	34	4	11	...
Fever, Typhoid .....	14	19	2	5	3
Fever, Typhus .....	17	18	...	...	...
Fever, Yellow .....	...	...	...	...	...
Hooping-cough .....	3	7	1	1	...
Influenza .....	...	...	...	...	...
Measles .....	2	2	...	...	...
Small Pox .....	1	1	26	...	...
Syphilis .....	...	...	...	1	...
Thrush .....	...	...	...	...	...
SPORADIC DISEASES					
Albuminuria .....	...	2	...	...	...
Apoplexy .....	5	8	...	1	5
Consumption .....	46	77	27	13	19
Convulsions .....	15	29	3	1	1
Dropsy .....	4	27	5	4	3
Gun-shot Wounds .....	2	...	...	...	...
Intemperance .....	...	2	...	...	2
Marasmus .....	9	17	...	2	...
Pleurisy .....	...	1	...	1	1
Pneumonia .....	36	34	6	10	8
Puerperal Fever .....	...	5	...	...	...
Scrofula .....	...	2	...	2	...
Violence and Acc'ts .....	4	15	1	1	8

\* Under 5 years.

### TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

### BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304) 305, 308, 309, and 310, which are still due, and will be sent, will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.